

Bureau of Health Care Quality and Compliance

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN285AGC | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 02/05/2010 |
| NAME OF PROVIDER OR SUPPLIER MAR-VON SENIOR CARE | | STREET ADDRESS, CITY, STATE, ZIP CODE 300 LA RUE AVE RENO, NV 89509 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| Y 000 | <p>Initial Comments</p> <p>Surveyor: 28384</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a required grading re-survey conducted in your facility on 2/5/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for 18 Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness. The census at the time of the survey was 12. 12 resident files were reviewed and four employee files were reviewed.</p> <p>The facility received a survey grade of A.</p> | Y 000 | | |
| Y 105 SS=D | <p>449.200(1)(f) Personnel File - Background Check</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28384 Based on record review on 2/5/10, the facility</p> | Y 105 | | |

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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| Y 105 | Continued From page 1 failed to ensure 1 of 4 caregivers met background check requirements (Employee #2 - missing State background report). Severity: 2 Scope: 1 This was a repeat deficiency from the 10/13/09 State Licensure survey. | Y 105 | | | |
| Y 255 SS=F | 449.217(6)(a)(b) Permits - Comply with NAC 446 on Food Service NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division. This Regulation is not met as evidenced by: Surveyor: 28626 Based on observation, interview and record review on 2/5/10, the facility failed to ensure the kitchen complied with the standards of NAC 446. Findings include: 1. Cleaning and Sanitation Issues: | Y 255 | | | |

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| Y 255 | Continued From page 2 a. A opened container of mayonnaise was not properly labeled with the open date. b. Paper towels were being used to wipe down counter tops without using a sanitizing agent. c. Kitchen staff were not using hair restraints while preparing food for the residents. d. A food dispensing utensil was found improperly stored inside a rice storage container. e. The shelves of the cabinet located next to the hand washing sink were soiled with food debris. f. The area above the commercial dishwasher and under the counter-top was heavily soiled with food and kitchen debris. g. The caulking/sealant around the two compartment sink is damaged. h. The wall behind the kitchen stove is soiled with food debris and grease. i. There was a non-commercial stove and microwave being used to prepare resident food. Severity 2: Scope: 3 | Y 255 | | | |
| Y 859 SS=D | 449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a | Y 859 | | | |

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| Y 859 | Continued From page 3 resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician. This Regulation is not met as evidenced by: Surveyor: 28384 Based on record review on 2/5/10, the facility failed to ensure that 1 of 12 residents received an annual physical (Resident #11). Severity: 2 Scope: 1 This was a repeat deficiency from the 10/13/09 State Licensure survey. | Y 859 | | | |
| Y 895 SS=C | 449.2744(1)(b)(1) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician. | Y 895 | | | |

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